

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	19	Attorney Docket Number	650001-75
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (duplicate)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Supplemental Response & Amendment (13 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1) Request to Change Attorney's docket number (1 page)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2) Change of Correspondence Address (1 page)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<p>Remarks The Director is hereby authorized to charge any additional fees or underpayments and to credit any overpayments to Deposit Account No. 50-2811. A duplicate copy of this form is attached for that purpose.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Leah Sherry Thelen Reid Brown Raysman & Steiner LLP 2225 East Bayshore Road, Suite 210 Palo Alto, CA 94303			Customer No. 58773
Signature				
Printed Name	Leah Sherry			
Date	April 13, 2007	Reg. No.	43,818	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Leah Sherry
Date	April 13, 2007

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS - SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (08-04)

Approved for use through 07/31/2006, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	19	Attorney Docket Number	650001-75
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ENCLOSURES (check all that apply)

Fee Transmittal Form (duplicate)

Fee Attached

Supplemental Response & Amendment (13 pages)

After Final

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Reply to Missing Parts/Incomplete Application

Reply to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)

Licensing-related Papers

Petition

Petition to Convert to a Provisional Application

Power of Attorney, Revocation Change of Correspondence Address

Terminal Disclaimer

Request for Refund

CD, Number of CD(s) _____

Landscape Table on CD

After Allowance Communication to TC

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

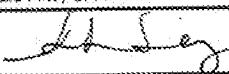
Other Enclosure(s) (please identify below):

1) Request to Change Attorney's docket number (1 page)

2) Change of Correspondence Address (1 page)

Remarks The Director is hereby authorized to charge any additional fees or underpayments and to credit any overpayments to Deposit Account No. 50-2811. A duplicate copy of this form is attached for that purpose.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Leah Sherry Theelen Reid Brown Raysman & Steiner LLP 2225 East Bayshore Road, Suite 210 Palo Alto, CA 94303			Customer No. 58773
Signature				
Printed Name	Leah Sherry			
Date	April 13, 2007	Reg. No.	43,918	

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Leah Sherry
Date	April 13, 2007

The collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 1/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2005		Application Number	10/615,276
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 1, 2004
TOTAL AMOUNT OF PAYMENT (\$ 0)		First Named Inventor	Ying Shen
		Examiner Name	Yun, Eugene
		Art Unit	2613
		Attorney Docket No.	650001-78

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 50-2811 Deposit Account Name: Thelen Reid Brown Raysman & Steiner

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s). Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-283B.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)** **Fee (\$)**

50 35

Each independent claim over 3 (including Reissues)

300 100

Multiple dependent claims

360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)****Multiple Dependent Claims**

30 -20 or HP= 31 x 0 = 0

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

0 0

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

7 -3 or HP= 8 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
.....	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

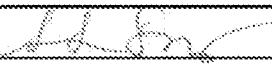
Other (e.g., late filing surcharge) :

Fees Paid (\$)

.....

.....

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,918	Telephone	866-896-3918
Name (Print/Type)	Leah Sherry				Date

This collection of information is required by 37 CFR 1.156. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCEEffective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$): 0

Complete if Known

Application Number	10/815,278
Filing Date	April 1, 2004
First Named Inventor	Ying Shen
Examiner Name	Yun, Eugene
Art Unit	2618
Attorney Docket No.	650001-75

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account. Deposit Account Number: 50-2811 Deposit Account Name: Thelton Reid Brown Rasmussen & Steiner

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	-----
Design	200	100	100	50	130	65	-----
Plant	200	100	300	150	160	80	-----
Reissue	300	150	500	250	600	300	-----
Provisional	200	100	0	0	0	0	-----

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

Multiple Dependent Claims

30 -20 or HP= 31 x 0 = 0

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

0 0

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

7 - 3 or HP= 8 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	=	=

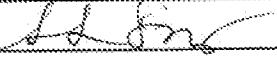
Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	43,918	Telephone	609 856 3815
Name (First/Last)	Leah Sherry			Date	April 13, 2007

This collection of information is required by 37 CFR 1.126. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-8199 (1-800-786-8199) and select option 2.

**CHANGE OF
CORRESPONDENCE ADDRESS**
Patent

Address to: Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Application Number	10/815,278
Filing Date	April 1, 2004
First Named Inventor	Ying Shen
Art Unit	2618
Examiner Name	Yun, Eugene
Attorney Docket Number	650001-75

Please change the Correspondence Address for the above-identified application to:

The address associated with
Customer Number: 58773

OR

Firm or
Individual Name

Address

City	State	Zip
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Country

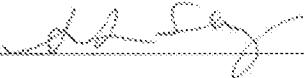
Telephone	Email
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I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 43,918.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Signature



Typed or Printed
Name Leah Sherry

Date April 13, 2007	Telephone 650.856.3915
---------------------	------------------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 1 form is submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Examiner: Yun, Eugene

Ying Shen et al. Art Unit: 2618

Serial No.: 10/815,278

Filed: April 1, 2004

Title: MODULAR WIDE-RANGE TRANSCEIVER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

Sir:

This is to inform you that the Attorney Docket Number for the above-referenced matter, has been changed from 71359.00005 to 650001-75.

Respectfully submitted,

Date: 4/13/07

By: 

Leah Sherry
Registration No. 43,918

Theelen Reid Brown Raysman & Steiner LLP
2225 East Bayshore Road, Suite 210
Palo Alto, CA 94303
Tel: (650) 856.3915
Fax: (650) 856.3919